Combined Declaration For Patent Application and Power of Attorney ATTORNEY DOCK								
As below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
A METHOD FOR AUTOMATICALLY CLASSIFYING IMAGES INTO EVENTS								
OIPE								
The specification of which (check only one item below):	45							
is attached hereto. X was filed as United States Application Serial No. 10/696,115 on 10-29-2003 and	1 2 2004							
was filed as United States Application Serial No. 10/696,115 on 10-29-2003 and was amended on (if applicable).								
	DEMARKS							
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amend	led by any amendment							
referred to above. I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title								
37, Code of Federal Regulations, §1.56.	for natant or inventor's							
I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-*d) or 365 (b) of any foreign application(s) to certificate, or (365 (a) of any PCT international application(s) which designates at least one country other than the United States of								
and have also identified below any foreign applications(s) for patent or inventor's certificate or any PCT international application								
one country other than the United States of America filed by me on the same subject matter having a filing date before that of the								
priority is claimed: PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:								
COUNTRY APPLICATION NUMBER DATE OF FILING PRIORITY CLAIMED UNDER 35 USC § 119								
(#PCT, indicate PCT) (month/dayyear) YE	S NO							
YE	S NO							
YE	s NO							
I hereby claim the benefit under Title 35, United States Code, 119 §(e) of any United States provisional application(s) listed below:								
PRIOR PROVISIONAL APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. §119 (e):								
PROVISIONAL APPLICATION NUMBER FIUNG DATE (month/day/year)								
I hereby claim the benefit under Title 35, United States Code, §120 of any prior United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those								
prior applications(s) in the manner provided by the first paragraph of Title 35, §112, I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56, which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:								
PRIOR US APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S FOR BENEFIT UN 35USC§120:	IDER							
U.S. APPLICATIONS STATUS (C	theck one)							
U.S. APPLICATION NUMBER U.S. FILING DATE PATENTED PEND	ING ABANDONED							
PCT APPLICATIONS DESIGNATING THE U.S.								
PCT APPLICATION NO. PCT FILING DATE U.S. SERIAL NUMBERS ASSIGNED (if any)								

Combined Declaration For Patent Application and Power of Attorney (Continued)						ATTORNEY DOCKET 78311DMW	
POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorney(s) and/or agent(s) associated with Eastman Kodak Company <u>Customer No. 01333</u> to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.							
Se	end Correspo	ondence to:			Direct Teleph	one Calls to:	
Patent Legal Staff (name and telephone number)							
				Company	Robert L.	Walker	
		343 Stat			585-588-2739		
		Kocnest	er, NY	14650-2201	FAX: 585-477-1148		
2	FULL NAME OF INVENTOR	FAMILY NAME Loui		FIRST GIVEN NAME Alexander	SECOND GIVEN N	AME	
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٦	BUSINESS ADDRESS	BUSINESS ADDRESS Eastman Kodak Compai	nv	CITY 343 State Street, Rochester	STATE & ZIP COD		
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2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME	SECOND GIVEN N		
٥	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY	COUNTRY OF CIT		
4	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY	STATE & ZIP COD		
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME	SECOND GIVEN N		
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5	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY	STATE & ZIP COD	E (COUNTRY)	
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME	SECOND GIVEN N		
0	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY	COUNTRY OF CIT		
6	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY	STATE & ZIP COD	E (COUNTRY)	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
SIG	NATURE OF IN	VENTOR 201	SIGNATURE	OF INVENTOR 202	SIGNATURE OF INVENT	OR 203	
Whatom:			4				
DA	TE	<u> </u>	DATE		DATE		
12/3/2003 01/09/2004							
CIC.	NATURE OF IN	VENTOR 204	SIGNATUR	OF INVENTOR 205	SIGNATURE OF INVENT	OB 206	

DATE